

Higazi v. Cadence Design Systems, Inc.**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 20 2008

Settlement Services, Inc.

ENTERED MAY 20 2008**CLAIM FORM**

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 110496

Last four digits of Social Security number

|||||
Ramnath Krishnan Pallasena 3

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

P. K. Ramnath

Signature

May 17, 2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY
JUN 06 2008
SSI U

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 109066

Last four digits of Social Security number

Anil K. Pawar

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date
MD		

JUN 06 2008

SSI

Based on this information, your estimated Settlement Share is _____ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

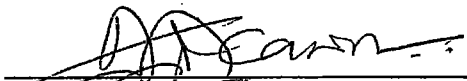
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

06/05/08, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

39
ENTERED APR 17 2008

Received By

APR 17 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 105361

Last four digits of Social Security number

|||||

Gerald Joseph Perrin

79

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is _____ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

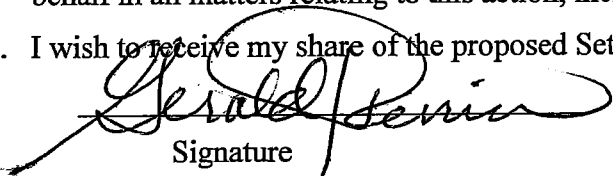
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

4/14/08, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 28 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106100

Last four digits of Social Security number

|||||
Robert R. Peterson 60

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date
CA		

JH KB

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

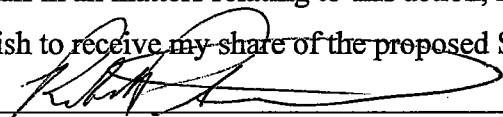
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

05/22, 2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Received By _____

APR 11 2008

Settlement Services, Inc.

ENTERED APR 11 2008

OR

Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

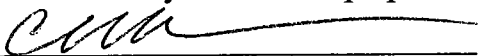
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

04/08/08, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By**APR 21 2008**

Settlement Services, Inc.

ENTERED APR 21 2008**CLAIM FORM**

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 107789

Last four digits of Social Security number

|||||Dung Pham

167

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . . . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

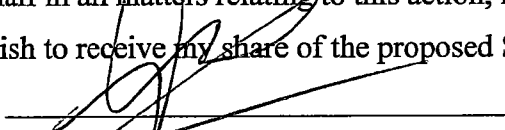
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

Apr 11 / 08, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 28 2008

Received By

MAY 27 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106764

Last four digits of Social Security number

|||||

Mike Pingree

110

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

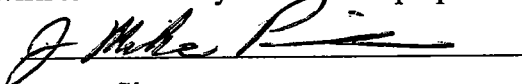
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

5-19, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

ENTERED MAY 28 2008

Received By

MAY 27 2008

Settlement Services, Inc.

153

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106570

Last four digits of Social Security number

|||||
 Gregg Potter

117

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date
CA		

Based on this information, your estimated Settlement Share is . . . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

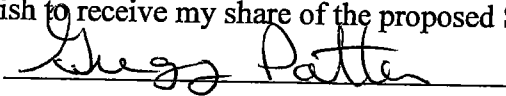
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

5/17/08, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.

ENTERED JUN 02 2008
Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

Marked
 JUN 02 2008
 Settlement Services

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a **Claim Form** to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 103636

Last four digits of Social Security number

|||||
 Gregory Qatsha 36

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

25 May

Date

, 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Settlement Services, Inc.

MAY 13 2008

Received By

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 112685

Last four digits of Social Security number.

Sanjay Kumar Raghavendra

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date
CA		

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

R. Sanjay Kumar
Signature

04/24/, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Received By
MAY 13 2008
Settlement Services, Inc

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Your Contact Information:
Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 107522

Last four digits of Social Security number

Soundararajan Ramkumar 174

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

[illegible]

CA

Based on this information, your estimated Settlement Share is: . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

04/23, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 20 2008

Settlement Services, Inc.

ENTERED MAY 20 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 111250

Last four digits of Social Security number

|||||
 Gopinath Rao 40

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

CA



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Ey. E. Nawley

Signature

5/6/08

Date

, 2008

4. Postmark Deadline

Your Claim Form must be **POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

JK

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

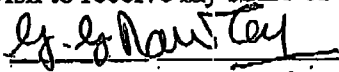
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

5/6/08

Date

, 2008

4. Postmark Deadline

Your Claim Form must be **POSTMARKED** or **DELIVERED** (via facsimile transmission or professional or personal delivery) on or before **June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 19 2008**Received By****MAY 19 2008**

Settlement Services, Inc.

CLAIM FORM**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a **Claim Form** to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 116042

Last four digits of Social Security number

|||||

Kamlesh C. Rao

198

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

JH JB

Based on this information, your estimated Settlement Share is \$ _____. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Kamlesh Chandra Rao
Signature

May 13, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 14 2008
Received By
MAY 14 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED or DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 116042

Last four digits of Social Security number

|||||
Kamlesh C. Rao 198

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is: Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Ramkesh Chandra Rao
Signature

May 13
Date

, 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

127
Higazi v. Cadence Design Systems, Inc.
 Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 15 2008

Received By
 MAY 15 2008
 Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by **June 4, 2008**.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 113020
 Last four digits of Social Security number

|||||
 Haranadh Rasamsetty 191

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):
 Telephone number (evening)
 E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

James
Signature

9th MAY
Date

, 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY

MAY 13 2008

SSI

ENTERED MAY 14 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 113020

Last four digits of Social Security number

|||||
 Haranadh Rasamsetty

191

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

[Handwritten signature]

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Class
Signature

9th MAY, 2008
Date

4. Postmark Deadline

Your Claim Form must be **POSTMARKED** or **DELIVERED** (via facsimile transmission or professional or personal delivery) on or before **June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY

MAY 13 2008

SSI

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 113020

Last four digits of Social Security number

||||| Haranadh Rasamsetty

191

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . . . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

[Signature]
Signature

9th MAY, 2008
Date

4. Postmark Deadline

Your Claim Form must be **POSTMARKED** or **DELIVERED** (via facsimile transmission or professional or personal delivery) on or before **June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

162

Received By
MAY 29 2008
Settlement Services, Inc.

1 of 2
Claim Form



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

5/29/2008, 2008
Date

4. Postmark Deadline

Your Claim Form must be **POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabaser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

125
Higazi v. Cadence Design Systems, Inc.
 Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 13 2008

Received By
 MAY 13 2008
 Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED or DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106056

Last four digits of Social Security number

|||||
 Rodney Rohrbacher 145

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Handwritten signature

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

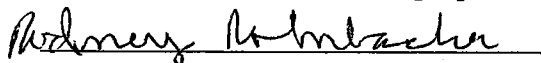
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

4/14/, 2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

28
Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED APR 28 2008
RECEIVED BY
APR 28 2008
SSI

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 110287

Last four digits of Social Security number

||||| David Rokes 139

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Handwritten signature

Based on this information, your estimated Settlement Share is _____ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

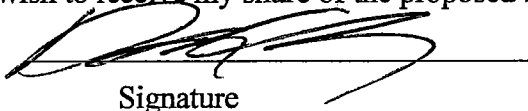
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

April 9th, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

58

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY
APR 23 2008
SSI

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 110287

Last four digits of Social Security number

||||| David Rokes

139

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

[Handwritten signature]

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

April 9th, 2008
Date

4. Postmark Deadline

Your Claim Form must be **POSTMARKED or DELIVERED** (via facsimile transmission or professional or personal delivery) on or before **June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received by

JUN 02 2008

Settlement Service

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106482

Last four digits of Social Security number



Craig Rothrock

114

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

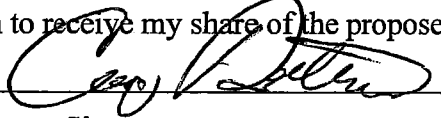
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

05/28/, 2008
Date

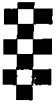
4. Postmark Deadline

Your Claim Form must be **POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.



100
Higazi v. Cadence Design Systems, Inc.
 Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 29 2008
 Received By
 MAY 29 2008
 Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a **Claim Form** to the **Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106482

Last four digits of Social Security number

||||| Craig Rothrock

114

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Handwritten signatures

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

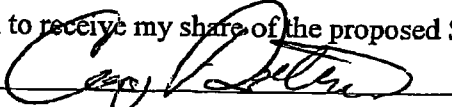
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

05/28/, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By
MAY 19 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 108073

Last four digits of Social Security number

|||||
Michael Phillip Ruberg 163

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

OR

JH JB

Based on this information, your estimated Settlement Share is _____. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

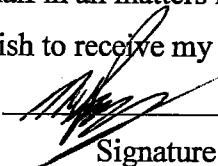
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

5/11/08, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED

Received By

APR 17 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 103852

Last four digits of Social Security number

|||||

Rick Rutledge 91

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

OR

Based on this information, your estimated Settlement Share is ' . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

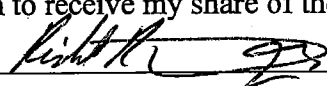
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

4-14, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

APR 14 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106695

Last four digits of Social Security number

|||||
Todd Michael Ryan 2

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \$ _____ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

4/11, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED APR 14 2008

Received By
 APR 14 2008
 Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106695

Last four digits of Social Security number

|||||
 Todd Michael Ryan 2

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):
 Telephone number (evening)
 E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

[Handwritten signature]

Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

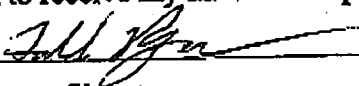
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

4/11, 2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Based on this information, your estimated Settlement Share is \$_____ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

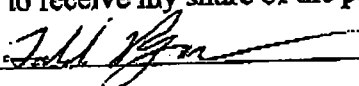
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

4/11, 2008
Date

4. Postmark Deadline

Your Claim Form must be **POSTMARKED** or **DELIVERED** (via facsimile transmission or professional or personal delivery) on or before **June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 11 2008

Settlement Services, Inc.

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.**ENTERED MAY 29 2008**

Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By**MAY 29 2008**

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 107308

Last four digits of Social Security number



Paul Salet

134

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Signature

Date

May 29th, 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

ENTERED JUN 04 2008

99

Received By
JUN 04 2008
Settlement Services, Inc.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

6. Your Contact Information

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 112167

Last four digits of Social Security number:

Evan Sanders

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

7. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date
CA		

Based on this information, your estimated Settlement Share is _____. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

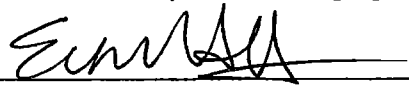
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

8. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

May 29th, 2008
Date

9. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

99

ENTERED

MAY 29 2008

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 29 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

6. Your Contact Information

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 112167

Last four digits of Social Security number

Evan Sanders

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

7. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date
CA		

JK JB

Based on this information, your estimated Settlement Share is _____ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

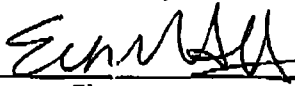
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

8. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

May 29th, 2008
Date

9. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Figazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.

109

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 09 2008

Settlement Services, Inc.

ENTERED MAY 12 2008**CLAIM FORM**

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 108243

Last four digits of Social Security number

|||||

Gurusankar Sankararaman

197

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

S. Ginn Sartin
Signature

May, 4th, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

93

Received By
 MAY 05 2008
 Settlement Services, Inc.

ENTERED MAY 06 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 109386

Last four digits of Social Security number

|||||
 Jocelyn C. Santos 96

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

SC GP

Based on this information, your estimated Settlement Share is \$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Jocelyn C. Senter
Signature

4/30/2008, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

69
Higazi v. Cadence Design Systems, Inc.
 Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED APR 28 2008

RECEIVED BY

APR 28 2008

SSI

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 117129

Last four digits of Social Security number

William Schrier 32

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date
PA		

Based on this information, your estimated Settlement Share is \$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

April 22, 2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc. ENTERED MAY 02 2008

Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

Received B-
 MAY 01 2008
 Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 8084 _____

Last four digits of Social Security number _____

|||||Himanshu H. Shah

186

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime): _____

Telephone number (evening) _____

E-mail: _____

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

nyb

Based on this information, your estimated Settlement Share is \$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Higazi
Signature

4/25/08, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

12

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY
APR 28 2008
SSI

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 3026
 Last four digits of Social Security number

|||||
 Farokh M. Shapoorjee 6

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):
 Telephone number (evening)
 E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

F. M. Shapoorjee

Signature

APR. 20

Date

, 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

ENTERED APR 14 2008

Higazi v. Cadence Design Systems, Inc.**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 14 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106079

Last four digits of Social Security number

|||||

Todd Simonds

1

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

MA

Based on this information, your estimated Settlement Share is \$ _____ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Todd Luntz

Signature

April 9, 2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

ENTERED MAY 28 2008

Received By

MAY 27 2008

Settlement Services, Inc.

150

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
 Post Office Box 1756
 Tallahassee, FL 32302-1756
 Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 101806

Last four digits of Social Security number

|||||
 Julie Singletary 185

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

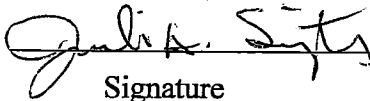
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

5-16-08, 2008
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

98
ENTERED MAY 07 2008
Received By
MAY 06 2008
Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 105256
Last four digits of Social Security number

|||||
Keith Snyder 149

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):
Telephone number (evening)
E-mail:

2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

[Handwritten signature]

Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

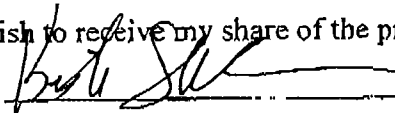
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.


Signature

5/2/, 2008
Date

4. Postmark Deadline

Your Claim Form must be **POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabrasco.com/cadence-overtime.htm>, jsagafi@lchb.com, or 1-800-541-7358.